



REISSUE APPLICATION DECLARATION BY THE ASSIGNEE

Docket Number (optional)
18810-80300

I hereby declare that:

I am authorized to act on behalf of the following assignee: Cedars-Sinai Medical Center
and the title of my position with said assignee is: Senior Vice President of Legal
Affairs and General Counsel
The entire title to the patent identified below is vested in said assignee.

Name of Patentee(s): Ramez E.N. Shehada, Vasilis Z. Marmarelis and
Warren S. Grundfest

Patent Number 6,124,597

Date of Patent Issued
September 26, 2000

Title of Invention : METHOD AND DEVICES FOR LASER INDUCED
FLUORESCENCE ATTENUATION SPECTROSCOPY

I believe said patentee(s) to be the original, first and sole/joint inventor(s) of the subject matter which is
described and claimed in said patent, for which a reissue patent is sought on the invention entitled _____
METHOD AND DEVICES FOR LASER INDUCED FLUORESCENCE
ATTENUATION SPECTROSCOPY
the specification of which

☒ is attached hereto.

☐ was filed on _____ as reissue application number _____ / _____
and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☒ by reason of a defective specification or drawing.

☐ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☐ by reason of other errors.

At least one error upon which reissue is based is described as follows:

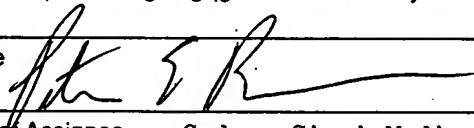
Figures 11-16 of patent are erroneously not consistent with
Figures 11-16 in the Application as originally filed; and
other errors as corrected in Preliminary Amendment submitted
herewith.

[Attach additional sheets, if needed.]

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.



PTO/SB/52 (02-01)
Approved for use through 01/31/2004. OMB 0651-0033
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I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.					
Name(s)		Registration Number			
Edward G. Poplawski		33,349			
Denise L. McKenzie		43,790			
Nisan A. Steinberg		40,345			
Correspondence Address: Direct all communications about the application to:					
<input type="checkbox"/> Customer Number		<div></div>		<div>Place Customer Number Bar Code Label Here</div>	
OR					
<input checked="" type="checkbox"/> Firm or Individual Name		SIDLEY AUSTIN BROWN & WOOD LLP			
Address		555 West Fifth Street, 40th Floor			
Address					
City		Los Angeles	State	CA	Zip 90013-1010
Country		U.S.A.			
Telephone		(213) 896-6665	Fax	(213) 896-6600	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.					
Full name of person signing (given name, family name): Peter E. Braveman, Esq.					
Signature 			Date January 14, 2002		
Address of Assignee : Cedars-Sinai Medical Center 8700 Beverly Blvd., Los Angeles, CA 90048					
Patentee Ramez E.N. Shehada			Citizenship U.S.A.		
Residence/Mailing Address 14759 Hardaway Drive, La Mirada, CA 90638-3030					
Patentee Vasilis Z. Marmarelis			Citizenship U.S.A.		
Residence/Mailing Address 26 Whistler Court, Irvine, CA 92715					
<input checked="" type="checkbox"/> Additional Patentees are named on separately numbered sheets attached hereto.					

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Patentee

Warren S. Grundfest

Citizenship

U.S.A.

Residence/Mailing Address

2121 McKain Street, Calabasas, CA 91302

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